

2000 UNIFORM BUSINESS REPORT (UBR)

0008395 AF

DOCUMENT # **A93000000401**

1. Entity Name

OUTBACK STEAKHOUSE OF CENTRAL FLORIDA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 6:46

Principal Place of Business

**550 N. REO STREET, SUITE 200
TAMPA FL 33609**

Mailing Address

**550 N. REO STREET, SUITE 200
TAMPA FL 33607-5754**



2. Principal Place of Business

3. Mailing Address

2202 North West Shore Boulevard

2202 North West Shore Boulevard

City & State

Tampa, Florida

City & State

Tampa, Florida

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3168125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KADOW, JOSEPH J

550 N. REO STREET, SUITE 200

TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Joseph I. Kadow

Street Address (P.O. Box Number is Not Acceptable)

2202 North West Shore Boulevard

5th Floor

City

Tampa,

FL

Zip 33607

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$190,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.--

12. GENERAL PARTNER INFORMATION

DOCUMENT # **J89475**
NAME **OUTBACK STEAKHOUSE OF FLORIDA, INC.**
STREET ADDRESS **550 N. REO STREET, SUITE 200**
CITY - ST - ZIP **TAMPA FL 33609**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2202 N. West Shore Blvd., 5th Floor**

CITY - ST - ZIP **Tampa, Florida 33607**

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******526.25 ****526.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/29/00

813/682/2205